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ABSTRACT

This report provides the content for the development of guidelines for early intervention within a system in order to identify children and families with problem behavior. The Pace social worker and consultants are discussed relative to the Pace I. D. Center's program. The Pace worker, community-based, acting more as a coordinating influence, can move more flexibly in her enabling, facilitating position, as liaison and as agent, and yet maintain an overall prospective regarding the needs of the Pacer (child) involved and of children in general. By having access to those responsible for the child and the opportunity to offer new perspectives, new channels for action, or new resources to counteract the inadequacies, it is hoped that a more profound and permanent change might be effected in the child's life than might have developed through a direct casework relationship. The psychiatric consultants became involved with the Pace project function relative to intra-psychic and interpersonal phenomena. They also function as mental health consultants in relationship to organizational and community problems and collaborate in a variety of organizational and educational ventures. The research reported herein was funded under Title III of the Elementary and Secondary Education Act. (KJ)

ED034222

INVESTMENTS IN PREVENTION

the prevention of learning and behavior problems in young children

EARLY INTERVENTION

Part II

— The PACE Social Worker

— Consultants as Collaborators

CG004427

PACE **I. D. Center**

1966 — 1969

South San Francisco

INTERVENTION REPORT II

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Principal authors of Intervention Report II were social worker, Geri Smith, and consultants, Clarice Haylett, David Schwartz and Warren Vaughan, Jr.

Edited by Robert Brownbridge and Phyllis Van Vleet.

Appreciation to Gale Troupe and Dorothy Gordon, PACE secretaries.

June 1969

PACE I.D CENTER

Projects to
Achieve
Creativity in
Education

Title III
ESEA

ORGANIZATION

- U.S. Office of Education
- State Dept. of Education
- SSFUSD Board of Trustees
- San Mateo Co. Board of Ed.
- SSFUSD Superintendent
- San Mateo Co. PACE BOARD
- PACE I.D. CENTER
- SSFUSD Assist. Superintendent
- PACE I.D. Comm. Com.

I.D. = IDENTIFICATION

of young children with learning and behavior problems

CLASS ROOM TEACHERS rate all children on the -

A = aggressive, outgoing
M = moody, internalized
L = learning

BEHAVIOR RATING SCALE

Initial Screening: Spring '66: Gr. K-4
Subsequent Ratings: Fall '66: Gr. K-5;
Spring '67: Gr. K-5; Fall '67: Gr. K-6.

INTERVENTION - a specific modifying action which effects a system or relationships

OCCURS - as PACE I.D. Social Workers work with the

SCHOOL	Spring 1966	1966-1967	1967-1968
PERSONNEL Principal Teacher Nurse Psychologist Speech Ther. Social Worker Reading Spec. Child Welfare and Att. Counsellor Curriculum Consultant	SSFUSD Bayshore Elem. Brisbane Elem. Catholic Schools: SSF Lutheran School: SSF	Belmont Elem. Laguna Salada Elem. San Bruno Park Elem. San Francisco Unified Millbrae Elem.	Fremont Elem. Roger Williams School Seattle School District San Juan Unified

HOME - 140 PACER FAMILIES

COMMUNITY

- SSF Boys' Club
- Police Departments
- No. County Mental Health Center
- No. County Welfare Department
- Family Service Agency
- Private physicians
- Child Care Centers
- Nursery Schools
- Permanente Med. Group
- Catholic Social Service
- San Mateo County Probation Dept.
- North County Health Dept.
- Legal Aid Society
- S.F. Dept. Social Services

SUMMARY STATEMENT - as a federally funded Demonstration Project concerned with the PREVENTION of learning and behavior problems in young children, the PACE I.D. Center has responsibilities beyond the on-going commitment of service to the PACER, his school and his family. These areas of responsibility are:
DISSEMINATION of information through a variety of media,
EVALUATION of the project, and **IMPLEMENTATION** of the findings.

THE PROJECT WAS INITIATED BY THE BAY AREA SOCIAL PLANNING COUNCIL: San Mateo County

ED034222

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION

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FOREWORD

The basic commitment of the PACE I. D. Center was to children and, in a sense, the Center served as an "ombudsman" for children. From the beginning, social workers were the advocates for their PACERS. The perception of the project by most adults with the responsibility for the education and welfare of children was that something would be done by social workers to children in order to make them change. In reality, the significant adults in each child's total environment were deeply involved in the change process, and many were able to acknowledge this openly.

By working with a segment of the population who were not yet identified as multiproblem or chronic disordered behavior families, there was great capacity on the part of most parents for change in relation to child rearing practices and family functioning. By working closely with teachers, acceptance, understanding and awareness of a PACER'S problems and strengths created an improved climate for learning for all children. Social workers reached parents, reached teachers, and reached the community. The skills of the child advocate, as demonstrated by the PACE social worker, can be put to use with a high degree of effectiveness. This report provides the content for the development of guidelines for early intervention within the system. There are implications for teacher training, social work, psychology and other areas of higher education, as well as for community education.

The PACE I. D. CENTER

The early identification of and early intervention with behavior problem children and their families.

ABSTRACT

Nature of the Problem: Estimates of the number of emotionally disturbed children in our schools range from ten to twenty percent. The effects of this problem are well documented. At one end of the continuum is the crime rate, and at the other end is the vast number of people being treated in the nation's mental institutions. It is obvious that the cost to society and to the individual is enormous. Years of productive, useful living are lost.

At present, there is no systematic effort in the schools to apply preventive measures to this problem. Emotional disturbance characteristically is identified only when anti-social behavior makes it obvious. In a great many instances, emotional disturbance is not identified until it has reached an advanced stage.

Objective: There is a substantial body of research evidence that points to the feasibility of early identification and treatment on a systematic, highly controlled basis. It was the purpose of the proposed project to initiate a program of early identification and interdisciplinary intervention designed to reduce the occurrence of disordered behavior among school children.

Procedures:

Selection of Sample: The sample of 354 children from kindergarten through fourth grade was drawn from a population of over 6,000 children in public and parochial schools in northern San Mateo County, California.

All children were rated by their classroom teachers on the A-M-L Behavior Rating Scale. Those children included in the study met the following criteria:

1) Among the high scoring 10% of their respective school districts on the AML Behavior Rating Scale.

2) Under 10 years of age as of July 1, 1966.

3) A member of a family not on the active roster of a social adjustment agency at the time of classroom screening.

Children were then assigned randomly to an experimental or control group and were matched according to grade level, sex and the Learning Score on the A-M-L Scale.

Early Intervention: For purposes of this study, intervention was begun as soon as a child was identified as a member of the Demonstration Group (PACERS) and the teacher and other school personnel were made aware of this. Attitudes toward a child may begin to change when this knowledge about the child is shared. Intervention for a particular case continued to develop in scope and degree as:

1) Information about a case was gathered (school behavior, learning ability, achievement, health, family).

2) Communication about a case was encouraged (interviews, conferences, consultation).

3) Evaluation techniques became a part of the on-going process of intervention.

The project was identified with the fact that previous studies show that at the present time the identification of children and families with problem behavior is very possible within the school setting. The problem remains: that of providing a process of intervention that

- will be helpful and meaningful to children, to families, and to school and community agency staffs.

- provides continuity of service from identification to treatment.

- is cognizant of beginning symptoms and the need to intervene.

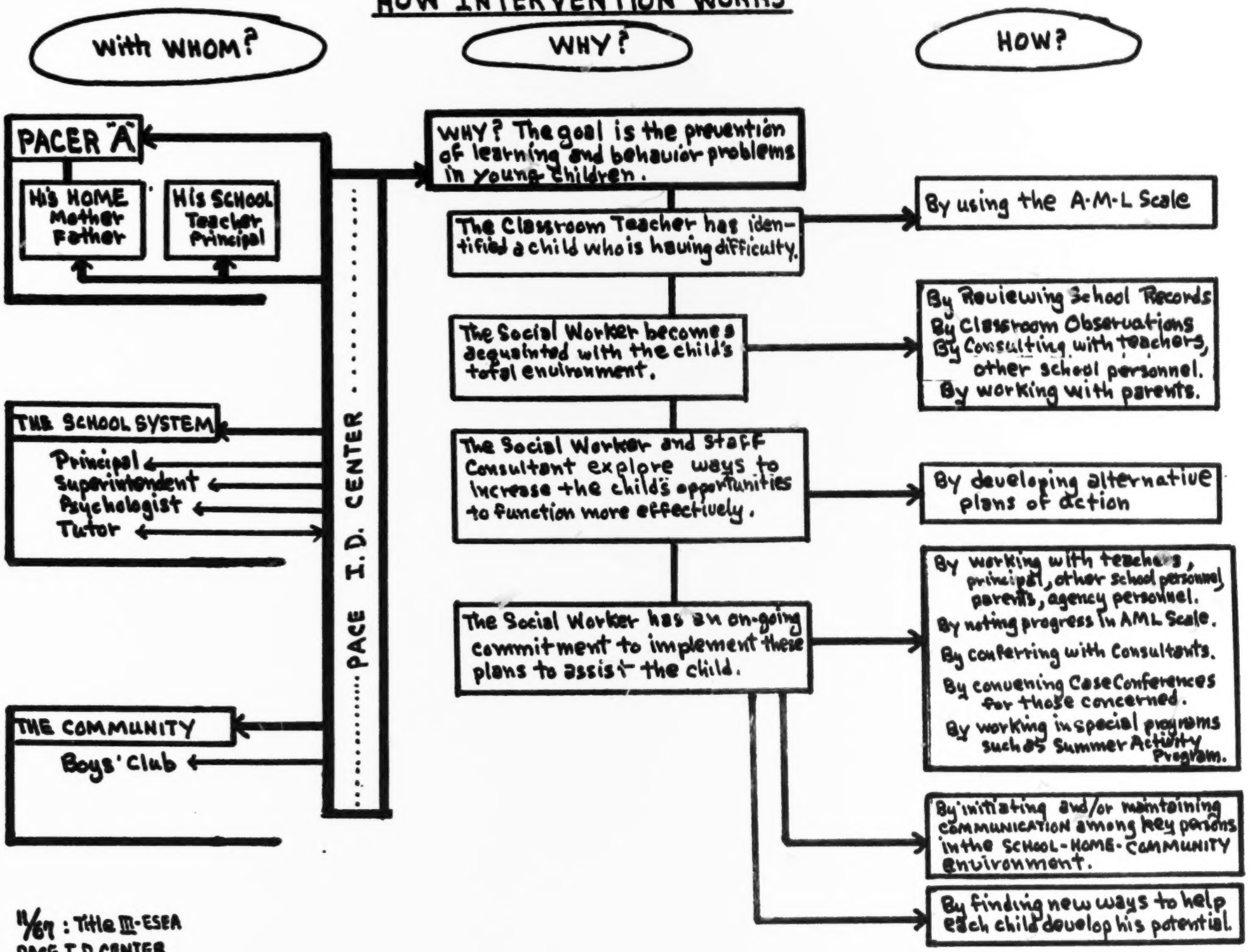
The social worker, as the key intervener, assumed a continuing, supportive role or a therapeutic relationship with the family and made appropriate referrals to community agencies. Each of five social workers had a caseload of from twenty-five to thirty-five cases over a two year period. The ripple effect of intervention increased each worker's caseload by the number of significant adults in each child's total environment: at school, at home, in the community.

The process of early intervention within a system is dealt with in depth in the following report.

Evaluation: A separate report includes a comprehensive evaluation of the project.

Dissemination and Implementation: Refer to separate report.

HOW INTERVENTION WORKS


With WHOM?
WHY?
HOW?
PACER "A"
His HOME Mother Father
His SCHOOL Teacher Principal
THE SCHOOL SYSTEM
Principal
Superintendent
Psychologist
Tutor
THE COMMUNITY
Boys' Club
PACE I.D. CENTER
WHY? The goal is the prevention of learning and behavior problems in young children.
The Classroom Teacher has identified a child who is having difficulty.
The Social Worker becomes acquainted with the child's total environment.
The Social Worker and staff Consultant explore ways to increase the child's opportunities to function more effectively.
The Social Worker has an on-going commitment to implement these plans to assist the child.
By using the A-M-L Scale
By Reviewing School Records
By Classroom Observations
By Consulting with teachers, other school personnel.
By working with parents.
By developing alternative plans of action
By working with teachers, principal, other school personnel parents, agency personnel.
By noting progress in AML Scale.
By conferring with Consultants.
By convening Case Conferences for those concerned.
By working in special programs such as Summer Activity Program.
By initiating and/or maintaining COMMUNICATION among key persons in the SCHOOL-HOME-COMMUNITY environment.
By finding new ways to help each child develop his potential.

11/67 : Title III-ESEA
PACE I.D. CENTER

THE PACE SOCIAL WORKER

Catalyst for Change

VARIATIONS FROM TYPICAL SCHOOL SOCIAL WORK FUNCTIONS

Some of the variations of the PACE worker's functions from commonly practiced school social work became apparent or could be anticipated during the preliminary weeks of the project in preparing for initial school contact. It was not, however, until sequential activities over a period of months could be viewed in perspective that some additional variations could be realized and abstracted from experience. Essential differences are believed to stem from the following characteristics of the PACE I.D. structure and operational base:

1. the fundamental philosophical concept of the project as "preventive";

2. the method of selection of children to be served;

3. the community base of the service provided;

4. the emphasis in service on the child's interpersonal relationships and environment in place of the traditional "child-therapist" direct casework approach;

5. the controlled work load with the intent of continuity of service and extension of services to home and into the community;

6. provision for frequent PACE professional staff meetings and individual psychiatric consultation for PACE workers.

These variations permitted some important qualitative differences in job performance as well as in the nature of the social worker's relationships with school personnel, with children and their families, and with community service personnel. Flexibility, availability, adaptability, resourcefulness, and creativity were expected in job performance. The variations also presented an unusual opportunity for all participants to examine many stereotypes and to try to replace them with viable concepts that emphasized the importance of understanding and developing satisfactory interpersonal relationships and social communication in successful human functioning at all levels of activity.

INTRODUCTION OF PACE SOCIAL WORK IN SCHOOLS

The Goal - Prevention

The PACE workers understood that the goal of services was the development and demonstration of preventive approaches to aid young children who had been previously identified as having potential learning or behavior problems. They knew that they were to apply professional social work methods in the project and adapt services appropriate to the circumstances encountered. In spite of diffuseness in the school social work role, and recognizing that the prevailing image of school social work was at variance with the professional conception of its function, five social workers introduced PACE services to the selected schools in September, 1966. In supplying the core services for the project, the generic social work orientation was used.[1] Procedural guidelines were minimal and no common approach toward responsibilities was pre-determined.

The PACE workers were not directly supervised by the school districts, but worked from a research administration which maintained a community frame of reference - the PACE I.D. Center. A time schedule was established for working in assigned schools, an average of four or five schools for each PACE worker. Other activities were carried on from the PACE I.D. Center as headquarters.

In this demonstration and social action project, the PACE workers' activities were influenced by the research design and its accompanying limitations, as well as by conditions inherent in the demonstration aspects of the project. However, considerable flexibility in practice was possible in adapting services to a wide variety of school programs, to faculty, and to the varying neighborhoods of each school. The PACE workers were encouraged to introduce innovative techniques in their performance (where appropriate and preferable), to highlight the preventive emphasis of the project, in place of customary remedial or rehabilitative efforts. (Typically, school referrals are made to the social worker when a child's difficulties have taxed or exhausted standard school measures.)

In introducing a preventive service, the PACE worker encountered some immediate obstacles. A cause for one of the barriers was the paucity of treatment or rehabilitative services and resources for the accumulation of other children already well known to the schools for their behavior or learning problems.[2] All school personnel would have preferred services for these children. It was not uncommon that the PACE worker was initially viewed as an "outsider" who would be asking school personnel to invest time with no apparent help for their immediate problems. PACE service had not evolved from their own recognized and expressed needs. They had not asked for help with children who could be managed in the classroom - they wanted practical help for children already in trouble. Teacher

resentment and disappointment came out in many ways at the early stages of the project. Resistance was felt by the PACE workers but often it was not possible to deal with it directly.

PACE workers found themselves caught in the dilemma of wanting to develop helping relationships with school staff and faculty members but of being primarily obligated to serve the group of children already screened and assigned as PACERS. Maintaining a focus of prevention required a strong conviction on the part of the PACE workers as to the validity of the project's philosophical premise and the emphasis placed on the demonstration of a kind of social action rather than service per se.

Sometimes the breakthrough to effective preventive service was accomplished within a few weeks or months. In some instances, it came dramatically, through a school crisis involving a PACER. Some principals and interested teachers generously withheld judgment until results could be achieved. In most schools the PACE worker had support from enough faculty members to be comfortable in appearing every week. She tried to be available and accessible; ready to offer ideas, information, suggestions about collaboration or referral to specialists, and general support and understanding - whatever the situation required. Follow-up, broader communication, new approaches, all could be developed from a single initial impulse from a teacher or principal to share a concern. Often it was necessary to wait for this impulse before any evidence of effectiveness of PACE service became obvious. Sometimes a PACE worker had to wait a long time.

Selection of PACERS

Another obstacle during the introductory phase of the project arose from the feelings of discomfort and anxiety attending the loss of the right to designate children for service. The autonomy of the school's administrative structure was somewhat threatened by being informed of the specific children to be served, some of whom had never come to the principal's attention, and who were currently viewed by the teacher as having no behavior or academic difficulties. Last year's teacher (whose initial AML Rating of each child was used in PACER selection) no longer controlled the assessment, and the present teacher's judgment often differed regarding the PACER'S adjustment.

PACE workers frequently relied on the project's purpose and research design in their attempts to alleviate the schools' frustrations. The underlying purpose was to demonstrate the feasibility of early attention to beginning clues to learning handicaps. These impediments could stem from emotional, social or physical sources, and often point to a child's damaged self-image or self-esteem, or reduced capacity to invest himself effectively in the learning process. In spite of some resolution of their own conflicts about offering only preventive services, the PACE workers were unable to satisfy all questions about the selected children, even through repeated, ongoing interpretation. A few teachers denied any need for PACE services throughout the project.

Where possible, PACE workers offered opportunities for more general help on classroom management problems. They looked for ways to discuss group dynamics, the process of individualization of children, exploration of behavior patterns encountered in most classrooms, and indicated that new approaches could be developed in working with parents to reinforce a child's learning capacity. These offers were sometimes accepted, particularly when a PACE worker caught a teacher's attention in a casual, informal contact. But the loss of control of the selection of PACERS remained an insurmountable barrier for a few school personnel. Some teachers who were amenable to consultation frequently viewed it as a substitute for referral of the child for outside service. Eventually some teachers became more enthusiastic about the supportive, educative aspects of consultation and recognized the "carryover" in discussing a child's behavior patterns and teacher-child interactions. Voluntary group discussions, with teachers sharing experiences about coping with difficult problems, were not set up until the end of the first year, and then only in a few schools.

Problems in Communicating

Communication problems hampered acceptance of service to some extent, and can be related to factors involving involuntary participation of teachers and principals. Early interpretations had little meaning for those teachers who had limited interest in close relationships with children in the classroom, particularly the children who created problems. Explanations of PACE services were often superficially accepted. The teachers who expected service for children other than PACERS tended to look for arguments for and evidence of their own classroom needs. Sometimes it was because of the problem of classroom autonomy. Particular confusion developed out of professional terminology, where such terms as "prevention", "disturbed child", "competency", and "immaturity" were subject to different interpretations in the teacher's vocabulary and in the PACE worker's usage.[3] Until there could be some agreement as to the descriptive terms being used, insight, understanding and a course of action were not attainable. The basic working relationship between teacher and PACE worker was in some instances founded on clarification of terms. A parent's comments illustrate this kind of confusion.

Immaturity

The word "immature" is a term frequently used by school personnel to describe a child's behavior. Whatever the school means by this, obviously it is not shared by all parents. In conversation with a PACE worker, one mother commented, "What does the teacher mean calling my kid immature? He's plenty mature. He runs me!"

Concentration on children in the earliest grades was generally acknowledged by school personnel as desirable and the prevention of serious difficulties seen as highly commendable. PACE workers, however, continued to encounter negative attitudes by many teachers and other school personnel.[4] As a PACER displayed evidence of disturbance, and the child's difficulties could be brought into the open, the teacher could usually involve the PACE worker. Otherwise, the interaction with the teacher was viewed as the school helping the PACE worker carry out a somewhat vague, costly, and possibly unfruitful assignment. Teachers could accept, intellectually, the underlying assumption that responsible adults are highly significant in the emotional growth and development of children and attitudes about learning, but usually they meant parents and did not see themselves as also having similar significance in this growth process.

One response commonly encountered in schools was resistance to using a specific incident as a springboard for constructive action. For example, a PACE worker might be told that an extremely aggressive first-grade boy had kicked and knocked down a little girl on the playground. For months his teacher had worried about his roughness but was reluctant to take action. The PACE worker would be likely to view this crisis as an opportunity to bring the child's behavior problem into the open with both teacher and parents. In this instance, the teacher might express dismay at this approach of turning into therapeutic action the school's failure to contain the child, or the parent's failure to "train" the child at home. Customarily, the school would report such an incident to the parents for some corrective action at home. But the approach of jointly exploring with the parents the causes of the child's behavior could easily create conflict related to the school's failure to "keep the lid on" such a problem, and the need to enlist parental help in planning joint action. This mutual responsibility of home and school is frequently not recognized. It seems difficult for schools to accept parents on an equal working basis since it implies ineffectiveness or weakening of school authority.

The Pace worker's approach might be interpreted as exonerating the child from blame, shifting responsibility from the child and parents. Some probably thought the Pace worker expected the school to make exceptions or adapt their routines to the child instead of meting out appropriate discipline.

A few aware and involved principals and teachers, however, openly welcomed the PACE worker and quickly joined forces to benefit the PACERS for whom they were responsible.

A Project Base to Service

At the beginning of the work in the schools, the project base of service was sometimes viewed by both PACE workers and school personnel

as a handicap in developing relationships, of identifying with a school's program and goals, and in collaborating interprofessionally. In retrospect, however, it became increasingly apparent that a working base attached to, but not directly supervised by either school administration or special services, was responsible for the operational success of the program. The freedom to experiment and to maintain service in a **precise** area gave the PACE worker support, security, and confidence in coping with frustration present in many schools when it was learned by those schools that children with chronic and severe behavior and learning problems could not be accepted for rehabilitative services. PACE workers came to appreciate the protection from pressures to apply a "magic formula" to solve deep seated, long-simmering personality and learning difficulties within a relatively limited period of time.

When it became apparent to school personnel that they had to continue to struggle with their current behavior and learning problems, and were also expected to give time to aiding the PACE research project, the choice might have been different if the service had been directly administered by the school districts involved. Time was needed for some practical, useful service to become evident. In some schools the PACE worker was never able to demonstrate to the school's satisfaction the value of preventive services; in other schools there was eventual recognition of the value of prevention. It seems unlikely that the PACE worker would have been permitted to continue her assignment if the project had not provided this protection as a base of operation.

Emphasis on Child's Interpersonal Relationships and Environment

In the School

The PACE worker's earliest activity in the schools involved interpretation and explanation of the PACE project. As a technique for establishing communication, this required some aggressiveness (particularly in view of the school's expectations of broader service) in order to realize the important initial steps of gaining access to the classroom and observation of the PACERS. The goal of the PACE worker was as a catalyst for school participation rather than a limiting casework relationship with the child. The PACE worker hoped to explore the PACER'S total environment - school, home and his significant community involvement. Interpretation of this to school personnel was crucial to further activity.

While interpretation was an ongoing responsibility throughout the project, initial introductory efforts were more formally planned. Attempts were made to take advantage of all available opportunities. Some principals preferred to have the project explained at a faculty meeting, some simply turned the PACE worker loose, saying in effect, "you're on your own." Some workers began by introducing themselves informally or casually in the teacher's lounge or lunchroom. Some

sought out PACER teachers and arranged for classroom and playground observations as an entre, building communication from their immediate observations of the PACER. Some interpretations were expedited by parent contact with the school, permitting a school conference which included the PACE worker.

Many questions - both direct and indirect - were asked about the project, the selection of PACERS, the PACE worker's professional credentials, about the worker's knowledge of the education system. How the PACE worker would be working in the school was a common concern. For teachers who expressed interest, the training and activities of social workers, psychologists, and other supportive school services were discussed. Interpretation of these and other issues was kept broad deliberately to assure flexibility - a vital ingredient to achieving our major goal. This goal, variously expressed, was to help create the most favorable emotional and learning climate for the effective development of PACERS' potentials. Such a climate should consist of positive, coordinated personal relationships, and essential, supportive school and community resources. Because each child and each teacher obviously would have different needs in attaining such a goal, a general statement and interpretation of our goal had little meaning for many teachers.

The PACE workers were also aware that the existing image of a social worker varied greatly. The most common stereotype of the "welfare worker" was frequently encountered, with some expecting that only financially or socially deprived children would be eligible. for service. The few teachers or principals who had any previous contact with school social workers who at first assumed that they could make referrals to the worker, needed even more careful interpretation to justify the focus of the PACE project. For them, the "control group" was difficult to accept. Why was direct service denied to children with problems similar to or worse than those of the PACERS? Explaining our research purpose, even by comparing it with medical research, was difficult for some to accept.

The Pace worker encountered mixed reactions from teachers when she could not immediately define what she planned to do. Teachers, accustomed to specifically structured responsibilities, would have been more comfortable with the "cookbook" approach, with a "recipe" presented for handling specific problems. They had developed "recipes" of their own sometimes, and curiosity about the techniques and approaches to be used by the PACE worker triggered some questions about the plans for action. Some teachers had tried to get results with the "reward" method with attempts at friendly criticism of a child's work or behavior, with verbalization of her expectations, and various warning efforts.

They were understandably baffled by vague statements from the "outsider" who appeared to have no decisive approach in mind, who preferred to "observe", discuss, confer, instead of finding a direct channel for motivating the child to improve.

Service to Principals

Acceptance of PACE workers as school service personnel may have presented the most conflict for principals. Principals usually retain administrative responsibility for personnel in the school and are accustomed to having concrete statements of the duties and responsibilities of all who work in the school. Such a precise statement of the PACE worker's functions was not made. Thus, many unspoken questions and ambiguities were in the atmosphere as the principal and PACE worker met for the first time.

The PACE worker attempted to establish a base for a working relationship, tried to answer some of the fairly obvious questions, gave evidence of a willingness to move only in areas in which the principal felt comfortable, and asked for his help in building some knowledge of the PACERS. Interpretation was gauged to meet his greatest concerns (usually how to incorporate the PACE worker into the school) - and to maintain his sense of administrative control. If he preferred to have the PACE worker wait for two weeks for a faculty meeting to introduce the service, this was accepted. If he preferred to hold off teacher contact until she referred a child to him for action, this decision was not challenged. If he felt comfortable about the PACE worker contacting individual teachers, this was also accepted. If he implied that he had questions about the PACE worker's judgment, professional responsibility (whatever it was), knowledge of school functioning, these concerns were respected. Methods of working with teachers, PACERS, other school personnel, and parents - all required exploration and testing on his part, and satisfactory answers could not be rushed. Clarification would have to evolve through experience. No principal was expected to be comfortable with an outsider roaming through his school and classrooms without administrative responsibility to him. He had only a vague idea of what kind of information she might be collecting or how it might be used. He may have wondered if inadequacies in his administration might be exposed. In contrast to a relatively clear-cut purchased service or "contract" method often used in serving school programs, the PACE approach was unfamiliar and untested.

The PACE worker, in turn, had to make some early assessments regarding the principal's method of administration, his attitude toward the project and the PACE worker, his ideas about children and family-school communication and his relationships in the school. An understanding of the school "climate", determined to a great extent by the principal, also was necessary. The principal determined how much interpretation could be handled, and how quickly the PACE worker could move into school involvement. The PACE worker was not as restricted in this position as the school social worker generally might be, since the identification of PACERS served as a convenient peg for this early working relationship.

From the PACE worker's demonstration of work involving PACERS, some principals came to recognize the possibilities of the extension of her usefulness. Eventually, this was demonstrated through direct planning together, through an expansion of PACE worker activities into joint parent-teacher conferences, consultation with teachers of non-PACERS, conferences with other specialists, and eventually through coordinated schools and community services (in expanded case conferences), in-service training programs for teachers, and program development. For some of these activities, two years of developing trust and mutual respect were necessary before the supportive efforts of the PACE worker could be utilized freely.[5]

In this process, and in keeping principals informed of activities, some attempts were made to analyze the way in which children learn, e.g., how to develop motivation through environmental influences instead of pressuring the child to conform to school or family expectations based on behavior norms. Individualization of children was emphasized directly and indirectly throughout these contacts, along with techniques for effective communication with children. Successful communication was viewed as the key to motivation.

Since the structure of the PACE project was well outlined, the PACE workers could function within it with some security. They could readily acknowledge and support the explorations of the principals in their attempts to become more familiar with the project's goals and the operational pattern as well as the assigned worker's professional skills. PACE services could be successful in the schools only as principals clarified their individual relationship to the project and the worker. PACE workers were aware that communication with teachers and parents was essential to service, but they also recognized that acceptance by the principals was essential to the development of effective communication with teachers and parents. Some principals, in time, came to use PACE workers' help in a variety of ways - as consultants as well as in program development - but other principals preferred to incorporate only the services related to individual PACERS. Interpretation and demonstration of broader goals of school service were accepted by principals according to their professional philosophies and perception of their responsibilities.

Service to Teachers

Every effort was made to avoid disrupting schedules, to meet teachers at their convenience, to visit classrooms according to the teachers' suggestions. The worker's availability in the school made her accessible to the teacher whenever there was an expressed need. If the PACE worker's ideas were not picked up, they were not imposed; but availability and accessibility were consciously fostered in every school visit.

When PACE workers were given the green light by the principals, working relationships were developed with teachers by discussing the PACER. Some PACE workers immediately moved into the classrooms to observe their PACERS, and used this contact as a means of establishing communication with the PACERS' teachers. Some workers established a priority list of PACERS with the principal and teachers and worked with them in that order. From each child's situation, next steps were determined with the teacher and principal (further school exploration and/or family contact).

Some teachers found it easy to share information, and quickly moved into a comfortable working relationship with the worker. Some who were experiencing pressures in the classroom, or for other reasons, could not bring the problems into open discussion, tended to minimize or deny the PACER'S current difficulties. There were indications that some teachers feared that PACE workers were planning to "analyze" them, possibly to evaluate their teaching performance.

In attempting to explore or emphasize a PACER'S strengths, there were sometimes indications that the teacher felt she was being criticized for not being able to solve the classroom problems with such strengths to work with. Defensiveness was evident in other responses: to interpret a child's behavior sometimes meant to a teacher that the PACE worker was condoning the behavior, excusing the child from responsibility. Until the communication could be cleared up the next step was not possible - what to do about the behavior.

Where PACE workers found even one receptive teacher in a school, planning for a PACER could be approached quickly. A new level of service could sometimes be offered soon, such as collaborative planning and consultation on other classroom problems. A teacher's response to service was not lost on other faculty members and gradually as the PACE worker was more comfortably received by other teachers, contact became informal and spontaneous. A single teacher was sometimes responsible for entre to a school and eventually even the development of new programs.

The multiple functions of the PACE worker began to emerge and contact became more meaningful to teachers and other school personnel. Collaborative, coordinative, and consultative services could be demonstrated - functions typical to school social work - but frequently having a different focus. The primary intent of the PACE worker was to develop new resources, and to open new channels for change in their attitude toward and relationship with children.

The PACE worker consistently held to the focus of aiding school personnel to become more effective in freeing the child to move toward a healthier level of functioning. Customary one-to-one relationship between school social worker and child is intended to help the child modify his own behavior or attitude through self-

understanding - he carries the burden of change. Instead, the PACE emphasis was upon teacher-child communication and relationship. While the PACE worker periodically observed PACERS in the classrooms and on the playgrounds, the children, with few exceptions, were not involved in direct one-to-one relationships with the PACE worker. The exceptions were selected for specific reasons when other methods were ineffective or not possible, i.e., when parents or teachers could not accept supportive services or were inaccessible for other reasons. The PACER usually did not know he was the focus of interest and observation. Interaction with the majority of PACERS was purposefully controlled, and held to a friendly interest. He eventually became aware of the worker's specific interest in him during home contact but the casual, friendly relationship established at school could usually be maintained. It was not intended that the worker's attitude of supportive interest imply obligation on the part of the child.

Collaboration with Special Service Personnel

The PACE worker quickly established communication with most school specialists (speech therapists, remedial reading teachers, nurses) when PACERS were receiving such services. These specialists understood the role of supportive personnel and used knowledge of children and comparable techniques of communication and individualization of children in carrying out their specialized responsibility. They, as did PACE staff, saw their relationship with a child as subordinate to the relationship between child and teacher, and recognized that their efforts served to facilitate a child's classroom functioning and self-confidence. They often shed light on a child's defenses, confirmed observations of the PACE worker, and sometimes participated in collaborative efforts. Nurses and speech therapists particularly were enthusiastic about the preventive nature of the PACE project. Some expressed interest in sharing responsibility for parent group discussions.

The PACE workers probably identified most closely with the school psychologists, whose academic preparation and background in the behavioral sciences gave the two professional groups a common base of operation. In spite of the divergent primary responsibilities of school psychologists (psychological assessment and supervision of special classes), the therapeutic intervention in the schools and with families was an area of possible overlapping responsibility. To clarify such areas, and to establish working relationships with them, a series of meetings was initiated by the PACE staff. It was learned that some PACERS had previously been known to school psychologists, and some parents had been interviewed about a child's school functioning. A few PACERS were in special classes and under the educational direction of the psychologists.

The preventive focus of the PACE activities and the selection process of PACERS significantly differentiated the functions of the

two professions as practiced, and also points up major differences between PACE workers' activities and those of many other school social workers. The pre-selection of children as PACERS understandably aroused some concern for psychologists who serve chronically and severely disturbed children and children with special educational needs. With additional responsibilities to other school personnel, the psychologists have limited time for developing projects of individual interest. The presence of the PACE project, preventive in nature, selective in process, was likely to be disconcerting. Preventive programs have generally been considered too great a luxury by most school districts.

Over a two-year period, some psychologists became involved in joint planning with PACE workers. They provided psychological evaluations for some PACERS and on occasion, prepared more precise diagnoses of intellectual or emotional disabilities of PACERS. Psychologists joined planning conferences involving community services being explored for PACERS. In specific instances, psychologists cooperated in school conferences with parents and in experimental programs, e.g., co-leadership of small activity groups for boys; a PACE worker collaborated with the psychologist and other specialists in structuring parent involvement in a developmental kindergarten project.

School psychologists and the PACE workers did establish complementary roles in the school program, and eventually reinforced inter-professional activities on an on-going basis to enhance a positive appropriate learning atmosphere for PACERS and occasionally for other children, the common goal of both professions. Communication might have been improved by planning schedules for the same day in specific schools to increase personal contact.

The Introduction of PACE Services into the Home

As the principals and teachers became aware that PACE workers identified with school programs and problems, tensions relaxed, relationships strengthened, and activities expanded. Contact with parents was recognized as a possible conflict for some school personnel and was not initiated by PACE workers without permission from the school principals. School personnel are not accustomed to alerting parents to potential problems. They traditionally have seen school responsibility as the containment of problems at the school until it became necessary to notify parents of the difficulties. This step is sometimes taken apologetically or with reluctance, as an acknowledgement of a sense of failure on the part of the school, or as an inference of the parents' failure.

With awareness of the great variety of current public and professional opinions and attitudes about parent-school contact,[6] the PACE workers attempted to approach the parent contact phase of service with the same flexibility they used in approaching the schools, anticipating varying degrees of acceptance. Principals

and teachers were kept informed, or they sometimes paved the way. Some parents were enthusiastic, and welcomed help. Some were surprised, others threatened, still others angry, disturbed, and anxious.

Parents were contacted in numerous ways. Some were sent letters by principals informing them of the PACE project and available services. The PACE worker then followed up with telephone calls for appointments. Some principals referred the family to the PACE worker during conversations about other matters. A few parents were first reached through a school crisis or after the principal had developed enough confidence in the PACE worker to invite her into conferences with parents. This was not always done in advance of decisions, however.[7]

Some principals gave "blanket" permission to the PACE worker to proceed with families as she wished. "You're on your own," they said or implied. Two schools, however, did not assist in the introduction of PACE services to the families. The principals were apprehensive about being represented by the PACE worker in the community, fearing unknown changes in the schools' relationships with families and the local community. In these two schools, the "wait and see" syndrome developed. In order for parent contact to be established, a conference was arranged by an administrator from the PACE staff. The conference was attended by the principal, the social worker, the PACE administrator, the teacher, and in one school, an assistant superintendent. The problem of contacting parents was discussed, responsibility for any parent backlash or "upsetting the apple cart" became shared. This gave the principal the additional support he may have needed and the social worker was then free to proceed. Some families were first contacted through the parent-teacher conference, with follow-up contact established at that time. A few families who were known to psychologists were introduced to the social worker by the psychologist through a telephone call or a joint conference with the parents.

Some PACE workers made brief family contacts during early weeks of the first year and continued service as needed. Some parents were not brought into the planning until months later.[8] For some parents, notification of the inclusion of the child in the research project served as the opening wedge; with others, service to the child because of school difficulties, was the basis of first contact.

Parents were seen at home, at school, at the PACE office, or at a coffee shop during lunch hour. Some were seen in evening appointments with special efforts made to involve fathers as well as mothers. Some parents were seen separately, some together, a few families remained completely inaccessible, being seen only once. Some parents were seen frequently and given intensive services, contacts with others were limited to parent education. The previously mentioned stereotype of the social worker as the welfare worker was encountered with most families and had to be resolved.

In every case, the individual characteristic of the PACER, his family circumstances, the family functioning, the cultural and social setting were taken into consideration in establishing ways of communicating and working with parents toward better understanding of the child, his needs, and his potential.

Overcoming Initial Family Resistances to Service

The difficulties in using the preventive focus in approaching parents soon became apparent. Efforts to interpret to parents a child's potential for learning or adjustment problems, when evidence of these problems was not yet sufficiently obvious to them, tended to be a threat. Specific efforts, therefore, were made to place emphasis on the positive aspects of intervention. Parents were deliberately given adequate time to develop a familiarity with the project's purposes. The experience of relating to a school person not in a position of authority had to be assimilated. The invitation to work together was received with many different reactions. If the parents were willing to participate, the PACE worker helped them explore practical ways to use the services. They were not written off if they first refused service or disagreed with the judgment of the teacher or the PACE worker. They were left an opening, and continuing attention was given by PACE workers to develop opportunities for future contact. At all times, the PACE worker respected the parents' right to self-determination.

There were extremes in reactions to service offers. Some parents superficially consented to work toward effecting a change; while agreeable and pleasant, they were passive and ineffective in following through. They, after all, had not requested service and defenses were often high. Some were too disorganized to find a starting point immediately. The healthier families, on the other hand, often quickly accepted services and sought better understanding of their children's behavior. They also sought information on growth and development of children and were interested in exploring variations of their own and others' values and standards. Some developed a new perspective on family relationships and became more observant of social development opportunities for their children.

Although the PACER served as an entre to families, efforts were made to take into consideration all family members in exploring and relating to families, in recognition of the fact that improvement for family functioning would reflect in the PACER'S behavior as well. Resources for other children in the family were explored and community involvement was encouraged for parents when appropriate.

Services to families included information regarding school programs, school expectations, activities and requirements. Related services involved giving information about community resources (financial, legal, medical, recreational, and social or educational). Some marital problems or personal conflicts were acknowledged and

served as springboards for more intensive help. Use of community resources and opportunities for parent education were encouraged (kindergarten parent groups, PACER parent meetings, PTA programs with parent-education emphasis, in which PACE workers sometimes participated as leaders or program planning aides).

Parent communication with the school was promoted through explanation, interpretations, encouragement of mothers to participate in school activities such as home room aides, accompanying children on field trips, informal contact.

Parent-Teacher Conferences

What the parent hears: "John is a real challenge to me."

What the teacher means: "John is driving me up the walls."

Anne McCarroll

The parent-teacher conference has historically been traumatic for many teachers who recognize danger signals in a child's school performance, or who see more serious difficulties in a child's behavior and feel these signals should be reported to parents. Commonly, parents are called to the school for a parent-teacher conference to hear the "bad news." Teachers often dread the necessity of presenting such facts, fearing antagonism and hostility, and possible disagreement regarding the evidence, criticism of professional competency, or confrontation in the principal's office. Some teachers feel concern about the effects of such a negative parent-teacher conference on their own relationship with a child and wish to avoid accusations of unfairness. As a result, some parent-teacher conferences often are held in an atmosphere of tension, reserve, and poor communication, with formality frequently used by a teacher to support her judgment. Believing that their relationship with parents should remain formal and structured, some teachers carefully and not infrequently hold to objective assessment of the child's progress. They avoid the emotional components of the experience, both for themselves and the parents.

Intervention by the PACE worker, and the encouragement of expression of emotional reactions, could be viewed as an invasion of a professional prerogative of the teacher and as a threat to her control. Parents sometimes resent the communication barriers established by insecure teachers, but some parents also accept school activities as distinct and separate from home activities - as the parents had known them to be in their own school experience.

Some PACE workers offered or were invited to participate in many such parent-teacher conferences involving difficult decisions or evaluations about PACERS. This participation was intended to

lend support to the teacher and, at the early phase of the PACE activities, to utilize the opportunity to offer service to the family at a crucial time. Some teachers welcomed the PACER worker's willingness to participate, some held off, fearing criticism. When teachers realized that the selection of the PACER had been made by a previous teacher's assessment, as well as her own, her relief was sometimes obvious, since this offered reinforcement for her professional judgment about a child's behavior.

When a PACE worker was included in a parent-teacher conference, it was usually possible to prepare for the conference with the teacher by exploring ways in which the child's lack of achievement or the behavior problems could be presented to the parent - preferably in a cooperative atmosphere. Discussion might include a comparison of home and school behavior and a request for information or help that only the parents could supply. In turn, the teacher's approach could be guided toward a search for solutions. It was possible in most instances, to find some areas in which the parent and the teacher could each take hold with a shared responsibility toward the child. If agreed, follow-up was arranged. This "team" approach removed much of the anxiety for the teacher who could retain her professional competence and thus reduce the tension in the conference. She could become more objective and more able to evaluate the problem, and at the same time was free to express her personal interest in the child.

Parents usually responded to the "working team" approach, often relieved to have the problem sympathetically and frankly appraised. Where a pathological or chaotic family environment existed, the teacher could be helped to keep better perspective regarding her own expectations of the child if the family distress could be linked to the child's school problems.

The PACE worker's participation in such conferences sometimes served as a means of strengthening the relationship between teacher and parent, by helping to clear the communication lines. At the same time, the conference contributed to the "social diagnosis and treatment plan" for the specific PACER by augmenting the worker's understanding of the child's circumstances and relationships. It also gave opportunities for spelling out mental health concepts that could provide greater insight to both parent and teacher about the dynamics of behavior.

Frequently it was possible to trace the home-based patterns of behavior which are often projected into school performance in the form of learning blocks. Some interpretation was occasionally possible regarding observed clues to potential difficulties, and the psycho-social nature of children's development.

The joint teacher-parent commitment to help a child overcome a learning or behavior difficulty was preferable to the PACE worker's

intervention on a temporary basis, as the school maintains a continuing responsibility for and partial control of the child involved.

Extension of Services into the Community

The PACE workers also recognized a broad community responsibility inherent in the social action aspect of the project. This responsibility was carried out concurrently with service to the schools, the PACERS and their families. Community involvement was defined as activities growing out of school and family needs. This involvement was accomplished by various purposeful kinds of interactions:

(a) liaison efforts in relating children's needs to services;

(b) guiding efforts of schools, families and communities toward established goals in interaction;

(c) initiating action as a representative of a community or a school;

(d) facilitating action initiated by others (school, family, or community group).

"Community" could mean a neighborhood group, an ethnic minority, a social strata, a service community, religious, governmental, or residential population, or a professional group (medical, educational, clinical and others). In all community contacts, the importance of greater awareness of children's needs and more effective preventive techniques was emphasized primarily through referrals or requests for services to specific children. Greater communication between schools and community, and between family and community was the primary intent. Hopefully, the gains made in communication can be expanded in ongoing or future school and community programs, and exposed gaps in, and poor coordination of services given appropriate attention.

A brief review of some of the more intensive community activities would include the following typical contacts:

(a) case conferences involving social service agency personnel, e.g., probation officers, health representatives;

(b) participation in PTA meetings and program planning;

(c) organizing and leading PACER parent discussion group meetings;

(d) facilitating Boys' Club and Scouting memberships and activities;

(e) facilitating Head Start program;

(f) developing parent education discussion groups in specific schools and neighborhoods;

(g) stimulating participation of organized community groups in education programs;

(h) communicating with personnel in adjacent school districts regarding common program interests, to reinforce local program planning;

(i) exploring and promoting development of special education programs (early childhood education centers).

Each PACE worker made some community impact for the benefit of families and schools. In turn, the community benefitted from increased understanding of school programming, children's school functioning, and the extent of need for expanded continuing community resources. The clarification of new or revised services to meet family needs was seen as a significant contribution resulting from these activities, e.g., transportation needs, protective services for children, more flexible agency referral procedures.

In some instances, the communication with an agency or service was in response to a direct request for information or program service, e.g., coordination of services with the Boys' Club. In others, the PACE worker or the school initiated the communication to serve a specific need for the school or children. In serving as the "bridge" between schools and communities at many levels, the PACE worker facilitated services for children on a broader level than the PACER group. Service to an individual PACER was often the means for highlighting the lack of programs for children and represented the need for more effective planning at various community levels. Serious gaps in services were recognized in the homemaker services and child care facilities, informal language development opportunities for adults, more recreational facilities for all ages, local informational services for health, legal and consumer needs.

School social workers, as representatives of schools, often participate in many community activities geared to educational needs, community resources and the development of appropriate resources. They serve in all of the capacities described above, but time limitations inevitably restrict the extent of involvement unless the school district understands and values this opportunity for involvement as it effects the school program.

SUPPORTIVE PROVISIONS OF THE PACE I. D. CENTER STRUCTURE

The flexibility with which the PACE workers carried out their responsibilities was made possible through the supportive administrative structure of the PACE I.D. project. As previously outlined,

the factors which differentiated PACE services from other school social work permitted variations which were considered important to effective intervention. The establishment of a controlled number of children for each PACE worker, the "open-ended" nature of continuing contact with parents, the freedom to contact appropriate community services or groups, and the provision for professional communication and consultation with mental health experts, all contributed significantly to the resourcefulness and adaptability of PACE services. These interrelated elements freed the PACE worker to operate autonomously vis-à-vis the traditional hierarchy of a school.

Although many frustrations were encountered by PACE workers as they established new patterns of serving in the educational system, these interrelated administrative elements permitted greater independence, resourcefulness, and freer exercise of professional judgment than is possible for many school social workers.

Low Caseload

One of the greatest advantages the PACE workers had over other school social workers was the initial administrative decision about the number of PACERS assigned to each worker for the entire project. This controlled caseload permitted concentration and continuity of services. The number was held to a realistic 25 to 35 children in a small number of schools. This permitted a regular, weekly time in schools, time for expanded family services, and time to utilize and develop community resources, to fulfill research obligations, and to carry out administrative and professional activities. Such activities were program planning and ongoing evaluation, staff communication, and consultation time built in for each PACE worker.

In cases requiring extensive service, 15 to 20 contacts during a single month were not uncommon. These included: classroom and playground observations; conferences with teachers, principals, school psychologists, speech therapists; meetings with pediatricians, staff of the local Boys' Club, clinic personnel, nurses, parents; contacts with related services such as a nursery school to enroll a PACER'S sibling, public health nursing to discuss family needs, or other schools to inquire of siblings' school adjustment.

Demands on the time of most school social workers with high case loads does not permit these preventive techniques. Parental involvement in parent education groups, PTA or homeroom participation might retain contact for some parents, but the dilution of personal communication with the social worker because of large caseloads would not permit the same depth of relationship that fosters therapeutic resolution of many family or parent-child conflicts.

Continuity of Services in the Home

The scope or purpose of service to families was intentionally broader than simply to serve the school's function. The PACE worker attempted to locate services to meet the needs of the individual child (or a member of his family). She was in a position to explore all phases of personal and family malfunctioning, searching for resources, coordinating them and following up where necessary. The PACE worker retained a primary relationship with the PACER'S family while the parent established and made use of other temporary relationships in community services. In some instances, a parent or family members needed specific services of another agency on an ongoing indefinite basis, and the PACE worker helped to establish and facilitate such contact and service, e.g., family counseling, pediatric or rehabilitation services. In other cases, the temporary relationships with personnel of clinics and agencies were utilized through coordination and collaboration, with the PACE worker maintaining the major role responsibility for ongoing case service to the family.

Although the school served as a channel for operation, PACE workers worked within the school system, participated in activities and programs, but moved in and out of schools as PACER need dictated. This flexibility meant the development of a more effective environment for meeting PACER needs. The approach also differed from the clinical base of social or health agency services, where the client may use the service if his needs are within the agency's functions, if he meets certain eligibility requirements, and if he is sufficiently motivated to seek assistance in the first place.

The follow-up or continuity of PACE service was a critical factor in many instances, where contact with a specific community service meant that the problem was only partly solved. For example, service to a child who required neurological evaluation was not finished at the point when the evaluation was shared with parents. Next steps sometimes involved looking for another kind of resource.

A different kind of follow-up service, after diagnosis, involved helping parents and other family members understand, accept, and work on problems related to a child's emotional or neurological problems. Much time was spent in resolving parental conflicts about a child's medication, special needs of children as defined, and in establishing realistic expectations for children suffering from emotional, physical, or social problems. As problems could be

dealt with, relationships of confidence and cooperation also deepened. This made it easier for parents to explore related problems, to be receptive to parent education, and to develop greater awareness of family dynamics and developmental problems of children. Such opportune moments could not be saved for discussion groups or for parent-teacher conferences. They also could not be capitalized on by agency personnel who had brief, temporary relationships with the same parents. By maintaining ongoing relationships with a family during the process of successful resolution of a problem, it was easier to anticipate possible obstacles, and to keep a family plan operating.

The time the PACE worker could make available to families in developing resources within the family unit, the school or community was one of the significant contributions to the quality of job performance. Many parents responded positively to this availability, in a way they might not have done if there had been isolated appointments in agencies and clinics. In addition, the PACE worker continued to serve PACERS and their families if the child was transferred to another school within the district, or the family moved to a nearby district.

In customary school social work, a child would be given service until the teacher reported fairly reliable improvement in functioning for a reasonable period of time. The family might not be contacted again unless the problems reoccurred.

Provision for Staff Meetings and Consultation Service

In school social work, a single individual attached to an administrative office or to a special services unit often works in several schools. In school districts large enough to employ a staff of social workers, a supervising social worker might also be employed for administrative supervision. Most school districts are not considered large enough for such professional administrative supervision. As a result, school social workers function either with peer group supervision or work independently. In many ways such independence has advantages, and experienced social workers can be expected to perform competently alone. The other side of the coin reveals that school services are often professionally very isolated with little opportunity for professional interaction. Such interaction can be useful in helping one to evaluate his own activities and interaction. It permits him to take advantage of associates' ideas, to develop cooperative efforts and more effective services.

It is probable that many school social workers have no professional consultation available on a consistent basis or even occasionally. Consultation for the experienced social worker serves to develop sensitivity through sharpened awareness of reactions, attitudes, and emotional responses of himself and others. It offers

a channel for expression of anxieties, confusions, and frustrations. Consultation can be helpful in gaining a new perspective of relationships and can stimulate new approaches to problem-solving. It can help an individual renew confidence in his professional skills and make it possible to increase competency and effectiveness in job performance.

In the PACE project, opportunities for professional staff interaction and for consultation to PACE workers were part of the original research design and operational plan. Consequently, PACE staff members have worked together in program planning and development throughout the project. Two to three times a month, matters of common interest received attention in staff meetings, with results apparent in more careful preparation of scheduled, ongoing activities, as well as special programs. These topics included among others: elements of service in schools, families, community; the development of evaluative and research techniques and tools; useful intermittent evaluations of the individual PACE workers' activities, their individual and common goals and directions. Special programs included the summer activity program, a workshop for teachers, two Asilomar Conferences, and University of California Extension Workshop.

These sessions have permitted PACE workers to offer a stabilized, consistent performance, even though each one has functioned in a highly individualistic manner with school and community programs that varied greatly. Each developed activities quite distinct from those of other staff members. The basic structure of service was maintained in large part by this means: within the framework of these staff meetings - sessions of great vitality and energetic involvement - communication contributed much that was essential to progress. The shared experiences, opinions, ideas, and professional judgments made possible a better quality of service.

The PACE workers each had the benefit of regular, intensive individual consultation with child psychiatrists who have a mental health orientation and broad first-hand experience in school systems. As could be expected, many frustrations arose from the experimental nature of the project, and many anxieties accompanied the lack of a prescribed course of action for PACE workers. The consultant aided each PACE worker's functioning through a relationship that helped retain the flexibility, the degree of confidence and competency necessary to continue reliable and productive job performance.

As these supportive and constructive experiences were viewed in retrospect, it became clearer to the PACE workers that school personnel do not often have similar opportunities for professional interaction and growth within the school system, directly related to their day-to-day responsibilities. Some academic courses for experienced teachers rely on classroom experiences, but the detachment and formality of the course removes the spontaneity of interaction with others who are operating in the same frame of reference.

The teacher is autonomous in the classroom, an authority - and performance is easily in danger of becoming routine and static unless there is opportunity to revitalize and renew perspective - by frequently taking a fresh look, by reflecting in some depth, by sharing with other teachers at other academic levels concerns about teaching and understanding young children. Two kindergarten teachers can talk with each other about program planning and teaching activities, but it is seldom possible for all kindergarten teachers, even in the same school, to meet together for professional exchange.[9] Similarly, primary teachers and intermediate grade teachers could share much for the benefit of all in more focused, small group contact. Such communication could develop beyond the discussions common in faculty meetings, of curriculum content, equipment, schedules and current practical operational or administrative matters. The isolation can only be dissipated by the teachers' mutual concern about children as individuals regardless of the size of the school. Faculty meetings as presently structured cannot achieve the intensity and personal involvement of communication that is essential to reduce this professional isolation or stimulate professional growth and development. In-service training programs frequently concentrate on methods or techniques of using instructional material rather than on the human interaction factors involved in every teacher-pupil relationship, and all other school-related contacts.

CONCLUSION

The PACE worker, community-based, served not merely as an intermediary between school, the home and the community, but more as a coordinating influence. The PACE worker could move flexibly in her enabling, facilitating position, as liaison and as agent, and maintained an overall perspective regarding the needs of the PACER involved and of children in general. Inadequacies and opportunities in any segment of the PACER'S life were the subject for concern, whether it was a learning problem, a physical or emotional problem, or a difficulty related to his social relationships. All were viewed as inter-related.

By having access to those responsible for the child and opportunity to offer new perspective, new channels for action, or new resources to counteract the inadequacies, it was hoped that a more profound and permanent change might be effected in the child's life than might have developed through a direct casework relationship. Environmental or attitudinal changes in responsible adults helped some PACERS to re-direct their energies and interests toward healthier functioning. With greater understanding of a child's reactions to pressures, the parents and teachers can reduce such pressures to ensure more adequate personal and intellectual functioning.

This extensive service was not possible for all PACERS (where school personnel or parents could not accept service, or where additional time or resources were needed). Inquiry and exploration

did make it possible to determine more realistically the nature of children's difficulties and the factors deterring their normal growth and development. Where community or school resources did not exist in a form that could be adapted to PACERS' needs, in some instances it was possible to identify and spotlight gaps in such services and call attention to them for appropriate action. As a result, some new experiences and services were promoted and incorporated into school and family life.

Professional training and experience permitted PACE workers to make comprehensive assessments of children's personal difficulties and to determine corrective measures. The professional methods and personal skills of the PACE workers influenced the degree of insight attained by the adults involved, when such opportunities were presented to them. The time available helped to determine the depth of service that could be offered and the limits that had to be established. These disciplined restrictions determined the extent of family and community involvement for the PACE workers.

PACE workers may not have made measurable differences in the schools' routine, and services are not being incorporated on an ongoing basis in the school districts served by the project. Without PACE services such as those provided by the PACE project, schools will continue to function, most families will quite likely remain intact, and community resources and services will continue to be available. Others in the schools will help children and parents as they have in the past, in accordance with their professional orientation. But the school, family, and community will at some points in the child's life space not be offering a child a chance to learn because no one has time to put the pieces together to understand why he is not adjusting or learning. Adequate integration of services for each child requires more time than most school personnel can give, but such integration can make a big difference for many children in every school. It can also mean much to many families who may recognize their children's difficulties, but don't know how, or are too upset to act, and don't always know where to ask for what their children need. Because PACE workers did reach out to them, many parents will continue to see the school as less imposing, a friendlier place, no longer a tribunal for parenthood, when a child gets "in trouble". Some may take a more active part in the school than they expected, finding encouragement they had not experienced previously.

Teachers will go right on teaching but the shared opportunity for a few to work out impressions into sound judgments and decisions, to bring reactions into perspective, to get an occasional flash of inspiration from sharpened awareness of a child's view of his world, will be harder to come by. Help with other school-related concerns, opportunities to analyze communication difficulties, the "willing ear" for expressing frustrations, unpalatable compromises, the unmet needs and limited resources for children, will not be easy

to find. Other teachers in the school have their own need for a relationship or experiences that will promote their own teaching success in a classroom. They can trade sympathy but are not in a position to offer a change in perspective.

As for PACERS, some found a grown-up friend in the school. Many made more friends their own age. Some PACERS found school more enjoyable. PACERS may have found some teachers "not so hard on kids" after all. Some learned to read better, do arithmetic, play games, have fun "making things", go to camp, get to go swimming. At home and in the neighborhood some PACERS do not get into trouble so often. But for some, the storm clouds still hang in the sky.

FOOTNOTES

[1]Generic social work: basic social work philosophy and methods are applicable in any setting in which social work can be practiced. The school is one setting where social work has made and can continue to make a contribution.

[2]A program under Title I of the Elementary and Secondary Education Act was available in three schools in which approximately 20 to 30% of the children were Spanish-speaking or from other ethnic groups. Many of these children had language difficulties and often showed evidence of being "culturally disadvantaged."

In most schools, there were a number of children on waiting lists for psychological evaluation or placement in special classes; and often were "in limbo", making little progress while waiting for special placement. Other children who had been referred to community clinics and services were often not receiving such services for various reasons. School psychologists had large numbers of referrals from teachers for diagnostic, evaluative services and some carried responsibility for special classes for the educable mentally retarded and/or the educationally handicapped. Some teachers do not refer children for psychological evaluation, believing that it might take months or years for the child to rise to the top of the waiting list, a realistic assumption frequently based on their past experience with referrals.

[3]For example, "prevention" to the PACE worker meant modifying the environment of a child who had not yet become a severe management problem. To some school personnel, the term frequently meant taking authoritative action which would keep a child out of juvenile hall, a mental hospital, or foster care. To schools, it also meant initiation of action after chronic problems became unmanageable or a child gave evidence of increasingly serious underachievement over a period of time. Action, as in most school districts, required strong documentation. More subtle evidences of potential difficulty (when observed) were often viewed as minor or temporary, not symptomatic of deeper disturbances. When such symptoms became sufficiently obvious to the teacher, she might expect the child himself to be motivated to change by having his failures and conflicts brought to his or his parents' attention. This action was considered "preventive." Some teachers, however, are most reluctant to designate a child as "disturbed," seeing the term as so negative as to be tantamount to calling him a "delinquent." Their intent in withholding designation might be to protect the child from the stigma of further negative evaluation. It might also stem from a belief that the child would "probably grow out of it."

A typical confusion arose in such terms as "lying." To the PACE worker this indicated a child who could not face up to shame or blame and needed help. It was difficult to clarify such attitudes

in responding to frequent moral interpretations in which objectivity was impossible and the "lie" remained the focus of the teacher's reaction rather than the meaning of the original act (taking objects, money, cheating). Similarly, roughness and aggressiveness were seen as "bullying" instead of as the child's efforts to relieve intolerable tensions or overcompensate for personal deprivations. When the teacher could be helped to refrain from reacting personally to the child's emotions, it was often possible to develop new approaches to the child's problems.

In one instance at least (not a parent-teacher conference), the PACE worker's relationship with the teacher and the parent dissolved at a point of interpreting a child's behavior. Indignation of the teacher at the PACE worker's effort to look at the child's impulsive act and attempt to understand what happened was not acceptable without accompanying moral censure. The indignation was transmitted to the parent, and the teacher found support in a similar attitude. By reinforcing each other's point of view, neither could accept or inspect the child's behavior in an objective light, and communication broke down with both parent and teacher. The PACE worker was viewed as "biased" in favor of the child.

[4]One example of a negative attitude, although subtle, is sometimes expressed by a teacher who feels that her reputation as a "good" teacher might be at stake in admitting classroom management problems:

"There's nothing I can't handle myself. Yes, Joe's about two grades behind in reading, but I keep him busy. He does lots of little chores for me while the others are working. He's no problem."

[5]Examples of school programs developed beyond PACER activity:

a. In collaboration with kindergarten teachers of regular classes, developed parent discussion groups for purposes of parent education and increased school - home cooperation. One first grade teacher also participated in a similar joint program.

b. Coordinated an interdisciplinary team of pupil personnel specialists assigned to a developmental kindergarten class, as a model for providing effective services to young children with special needs. Ongoing parent education discussion groups and activities were included in this special program.

c. Assisted kindergarten teachers in planning and implementing parent interviewing and child assessment procedure at kindergarten registration.

d. Developed and led special faculty in-service programs on children's learning and behavior difficulties. Child behavior specialists from the community, e.g. psychiatrists, were used both in special conferences and general faculty meetings.

e. Consulted with PTA program committees and in some instances were in charge of special programs focused on young children.

f. Served as consultant to schools in planning and implementing tutoring programs for young children.

g. Provided special aids, materials, and resources for teachers in facilitating school-home contacts.

h. Worked to organize comprehensive pre-school programs and facilities in two school districts.

i. On occasion, acted as classroom participant, as a resource or team member, in demonstration of classroom management techniques, and development of understanding of interpersonal interactions of pupils.

j. Co-leadership with psychologists of activity groups for specially selected children.

k. Served as discussion leader with a parent group throughout the duration of a family life education TV series.

l. Served as consultant to community social workers who were assigned to specific schools.

[6]PACE workers considered the family as the primary environmental and relationship influence on children, and the child could not be expected to change significantly without some understanding of the family relationships and circumstances. It was the PACE view that families at all socio-economic levels may, on occasion, need professional support, not merely the culturally and educationally handicapped groups. Close school-home communication is considered essential to a child's effective total education.

Conversely, school activities complicate both the parent's and child's perception of the parental roles, create conflicts about parental and school authority, family values and loyalties. School-home cooperation reinforces a child's security and satisfactory social adjustment. Some parents can establish and maintain such communication easily - others need help in initiating communication, particularly where schools do not emphasize and actively encourage such involvement.

These considerations loom large in a program geared to prevention, and the PACE workers consciously served as a temporary bridge until such communication could be more clearly established. This important area of developing school-home communication is sometimes given minimal attention in school social work where time pressures demand that priority be given to school emergencies. Readiness of school personnel to incorporate a new preventive

service in the schools and their willingness to trust PACE workers to represent the school's point of view determined the extent of effectiveness of these efforts. This aspect of the PACE worker's involvement with families was intensified by the attitude of school personnel that school-based evaluations of children always required careful documentation. In the preventive approach, how could one refer something that had not yet happened? There was danger of embarassment to the school unless the PACE worker was known to be knowledgeable about the school, loyal, and committed to the school program.

[7]In one case, after a school conference with parents, a PACER was moved to a lower functioning group primarily because of inattentiveness, interfering with classroom routine, interrupting other children. The PACE worker was then notified of the action and was expected to work with the family to motivate the child toward reinstatement as a reward for improvement in behavior.

In another instance a PACER was placed on a limited day, with the PACE worker then invited to follow up with the family.

[8]It was noticed that in the first year of PACE service, there was considerable hesitation about the plan for PACER family contact, particularly among some kindergarten teachers. Formal parent-teacher conferences about kindergarten children had not been customary, and initiation of such contact by school personnel implied the presence of a serious problem. When someone other than the teacher made the contact, the conflict was even greater for the teacher. (Teachers tend to reserve judgments during the kindergarten year to allow for spurts in maturity and socialization). This sensitivity to possible reflection on the teacher's judgment created problems commonly encountered in schools having a more typical school social work service. This group of PACERS made PACE workers particularly aware of the delicate sensitive area of school-home relationships.

In one instance more than three months of developing a supportive relationship was necessary before a kindergarten teacher permitted the PACE worker to contact parents of PACERS in her class. Even then she was comfortable only in the area of the children being included in a research project, with the focus on parental contact being the cooperation of the parents in the project rather than discussion of the children's adjustment. Contact was not made with parents until the teacher felt fairly comfortable about it. Confidence in the PACE worker was engendered by weekly conferences with the teacher on many facets of her own ideas of kindergarten programming, successes in her own extensive experience, her attitudes about home-school communication. Her anxiety about hostility from parents was expressed in indirect ways, and fear of PACE intervention seemed to be related to a sense of outside intrusion in her traditionally autonomous field of operation.

[9]Some kindergarten teachers were able to meet together in their own schools with the establishment of the single session kindergarten schedule. Kindergarten teachers from five schools began to meet monthly for the purpose of sharing experiences and increasing teaching skills. The single session kindergarten program also made it possible for all morning and all afternoon kindergarten teachers in a school district to meet as groups for purposes of program improvement.

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THE ESSENTIAL ELEMENTS OF THE PACE I. D. CENTER OR A PREVENTION-ORIENTED SERVICES CENTER

1. A commitment to the priority of services to young children and those responsible for their welfare and development.

2. Appropriate comprehensive methods for the early identification of young children and families with a potential for "Hi-Risk."

3. Appropriate and effective means of early intervention with those responsible for the welfare of young children, e.g., parents, school personnel, community agencies.

4. A continuity of direct service and, in turn, concern for children in relation to their total environment.

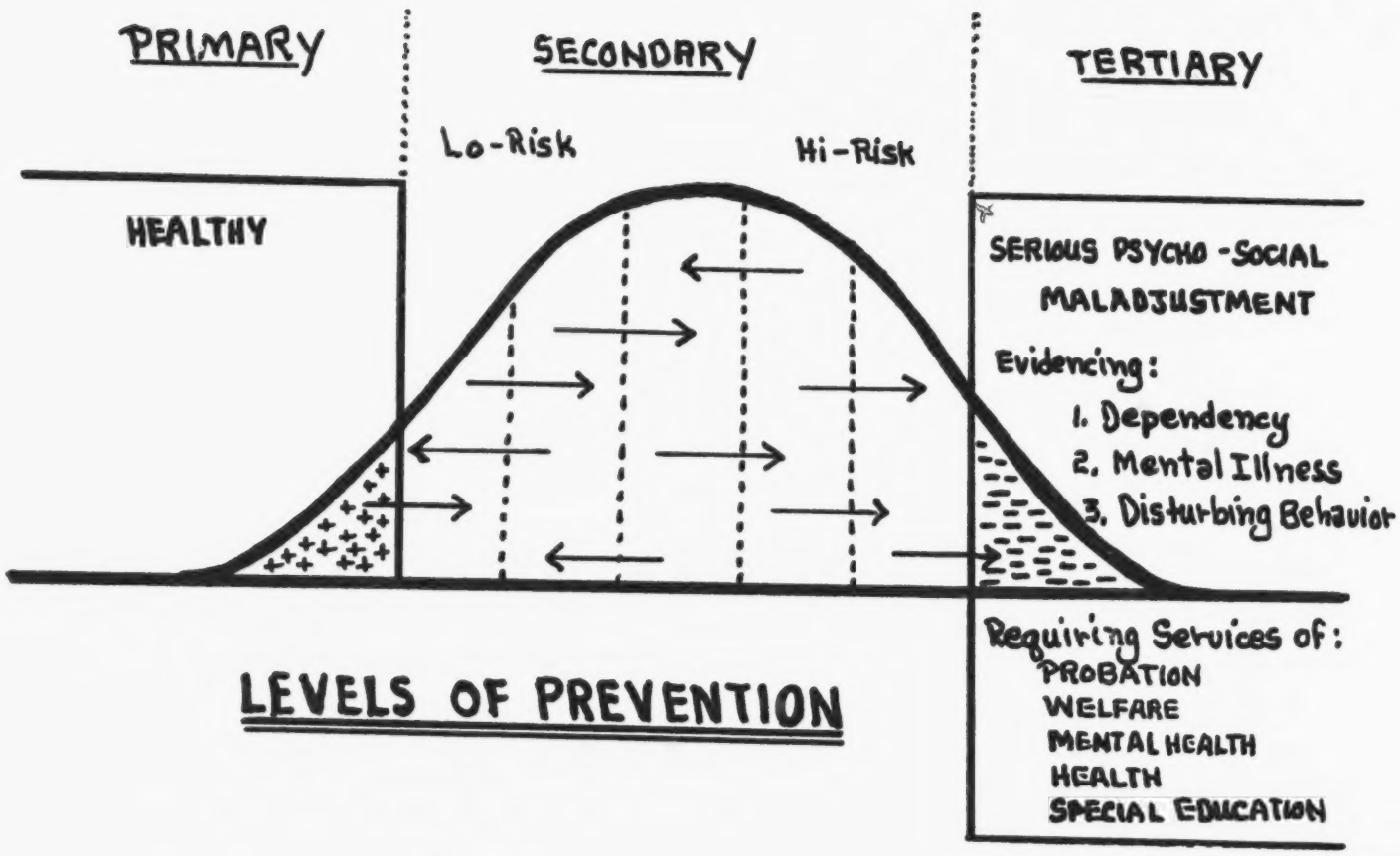
5. Continuing identification of service gaps for young children, their families, and school and agency personnel.

6. Provision for anticipating and meeting crisis situations through collaboration with existing community agencies.

7. Provision for research and development aspects of such a service so that process-evaluation is an integral part of dynamic, flexible, innovative services.

8. A responsibility for appropriate dissemination of relevant information.

9. A continuing responsibility for focusing on PREVENTION: young children and their needs.



LEVELS OF PREVENTION

PRIMARY PREVENTION - Even the healthy members of society are vulnerable during their lifetime, in times of stress, e.g., death, illness or accident to a family member, relative or friend, financial crisis, severe disappointment. Primary prevention is aimed at keeping these people healthy and able to cope effectively with problems as they arise.

SECONDARY PREVENTION - Secondary prevention deals with the Lo-Risk and Hi-Risk populations. The Hi-Risk group represents a "potential" population, some of whom will require special services, and many will require intermediate kinds of help from teachers, counselors, ministers. The Lo-Risk group are those who are generally considered able to cope with life's contingencies. This group can generally make effective use of friends, relatives, teachers, ministers, and others to help them in time of need.

The PACE I. D. Center program focuses on the Hi-Risk, Lo-Risk and Healthy segments of the population, at the Primary and Secondary prevention levels.

TERTIARY PREVENTION - For the most part, existing services are concentrated on that segment of the population who are readily identified because of serious psycho-social maladjustment. These are treatment services - or Tertiary prevention - aimed at helping people improve or keeping them from becoming more of a problem to themselves and to society.

CONSULTANTS AS COLLABORATORS

Consultation to the PACE I.D. Center

The three psychiatric consultants to the PACE I.D. Center were originally attracted to this project because of their interest in community mental health. They saw the PACE I.D. project as a time-limited, prevention-oriented, action-research project.

RATIONALE FOR USE OF MENTAL HEALTH CONSULTANTS

The project director anticipated an unusual need for staff support for several reasons. Being a pilot project that involved both service and research, there would be more than the usual problems involved in the development of a new organization to provide a new service. It was anticipated that there would be major stresses and strains because of the interdisciplinary nature of the project and the research requirements which necessitated that staff perform a variety of roles, some of them involving relatively unfamiliar methodology. In addition, project emphasis shifted from year to year as the program developed, so that staff were expected to rapidly master and apply different skills and methods. There was little opportunity to relax and enjoy work which was well begun. Furthermore, inasmuch as the PACE project was not set up as a traditional casework agency, there was the absence of the usual kinds of agency and institutional supports. The workers had to take relatively great case responsibility as individual professionals. Thus, it was quite correctly perceived by the director that the project workers' assignments would be both difficult and demanding. For these reasons consultants were sought and hired so that each worker could have the time of a psychiatric consultant for three hours monthly.

The consultants were selected because they were trained child psychiatrists and, in addition, each brought particular areas of special interest and competence. One was especially interested in case dynamics and a variety of therapeutic modalities. Another brought a special interest in mental health theory, and knowledge and experience in program development. The third had a penchant for administrative structure and functioning and the consultation process. These complementary areas of special interest permitted the consultants, when they met with staff as a group, to focus on various levels of staff and PACE agency concerns simultaneously.

THE DEVELOPMENT OF THE CONSULTATION ROLE

The consultant most interested and concerned with program development began his work before the project was initiated, meeting with the director to discuss the research grant proposal, and early stages of organizational implementation. The two additional consultants joined the project at the inception of the intervention program and all participated in orientation meetings with staff. The director gave very liberal sanction to staff to use their consultation time in whatever way they thought would best further their work. The director was well aware of the fact that some of this time would be used to work on intra-agency developmental problems as well as on understanding the dynamics of PACERS and the problems of becoming active in the schools. Inasmuch as consultants initially did not know their potential consultees or visa versa, the assignments were made somewhat arbitrarily but with the understanding that consultants could be changed every three months. In point of fact, no changes were made. In each instance, there seemed to be the usual evolution of the consultant-consultee relationship, with some initial exploration of roles, complementarity of needs and talents, and how the pair might most effectively work together. Since the consultees were mostly experienced workers, involved in an unusually stressful professional assignment, there was relatively little ambivalence about early and full use of the consultation time. In retrospect, however, the consultation contracts might better have been structured to facilitate occasional additional sessions with one or another of the other consultants so that a particular case or system issue might be elaborated by a second consultant without jeopardizing the primary relationship.

The consultants in this project all functioned in certain instances as collaborators as well as "pure" consultants; they all undertook various supplementary functions of an administrative and educational nature. At no time, however, did they actively intervene to directly diagnose or treat PACERS. Nevertheless, at times they did join their consultees at their respective schools for case conferences. They addressed parent groups, chaired meetings, wrote reports, and participated actively in program planning and evaluation.

Consultation Content

Case dynamics and intervention plans were a prominent concern during the entire course of the project. Additionally, concerns about ways of interaction with the school system and other relevant community agencies became an early focus for discussion. Some of the problems that the PACE workers faced were usual and predictable inasmuch as they were those that would be faced by anyone introducing a new function or skill into a school. In this instance, the school social worker's role had to be defined and delineated in relationship to those who previously had carried out some aspect of the new social workers' functioning. These others included teachers, principals, psychologists, school nurses, and child welfare and attendance officers -- virtually everyone already in the establishment. Furthermore, there were particular

relationships to be worked out between each individual social worker and the incumbents in these various positions in the schools where she worked. For those not specifically trained in, or experienced in, consultative methods, there were varying degrees of initial frustration, anxiety, and feelings of impotence. Even if a particular type of casework intervention seemed clearly indicated, how to appropriately set this up within the school structure had to be worked out anew in each particular situation.

In addition, methodological considerations unique to the research project made acceptance by school personnel much more difficult. Initially some administrators were perturbed because they did not have direct control over PACE staff. It sometimes seemed very arbitrary when PACE staff followed their mandate to work with cases that were often not the worst, by any means, from the schools' point of view. The project design called for selection of a young and relatively healthy segment of the school population albeit one identified as "at risk ." Some children were not currently perceived as being at all troubled or troublesome and many were not causing major concern. At the same time, because of the protected size of caseloads, PACE workers were unable to provide direct services to non-project children even though they were in need. Nor were the PACE caseloads increased, inasmuch as there was the conviction that the "protected time" needed to be truly protected in order to give minimal adequate services to those who were selected for the project.

Furthermore, the requirements of the research design itself were burdensome for the social workers as well as for school personnel. This, too, complicated acceptance and entry into the school system. Even though the screening procedure was relatively simple, it was additional paper work for teachers. The social workers, who were not researchers by nature or training, had not helped to formulate the research protocols. Initially they were ill prepared to interpret project intent or design. They were spared this responsibility by an administrative edict that all inquiries regarding the research aspects of the project should be referred to the director -- this made for some awkwardness as the social workers began to establish their school contracts and define their roles and functions. The social workers were bound to have some ambivalance about the research component of the project which, although it made them available to work in these schools, also made the effective pursuit of their particular service assignments a good deal more difficult. The research component, also, substantially contributed to the administrative overhead, as did the participation of psychiatric consultants and the development of various programs over and above those usually provided by school social workers employed in a guidance setting. Thus the expense of the project was seen by some school personnel as large in relationship to the number of PACERS actually receiving casework services.

From the outset, another area of discussion and consultative concern was intra-agency problems relating to both program and administration. Many of these were usual and predictable. Except for the director and two of the consultants, none of the staff previously worked together and there were all of the problems of developing a working organization in which authority and responsibility had to be defined and proper and fruitful methods of communication established. Often overlooked is the fact that even very competent and experienced professionals, when in a new setting and/or when facing a new work situation, are bound to experience a certain amount of stress and resultant anxiety. It is even more difficult when the operation is not a traditional one, but an attempt to develop innovative approaches to complex community and social issues. The PACE social workers had to master a variety of roles which included not only familiar casework services (though not in the usual context) but also mental health consultation, community organization, the training and supervision of para-professional personnel, activity group leadership, parent education, the maintenance of comprehensive casework records, and finally the ability to reflect on their own experiences, conceptualize them, and write them up. In several instances workers were simultaneously phasing out one aspect of their work while initiating another. Undoubtedly the multiplicity of roles and the need to be able to change the primary focus each year greatly increased the stressfulness of the undertaking.

The Consultants' Education

The two and one half years that the consultants were privileged to be associated with the PACE program, contributed to the consultants' own education in a number of areas. It afforded them new perspectives and the incentive to rethink the present as well as the potential role of the school in community mental health programming. All the consultants were renewed in their conviction that schools, both public and private, are the logical base for mounting a comprehensive prevention-oriented mental health program. Unlike any other social institution, virtually all children are required to attend school. Thus there is the opportunity to educate for effective social living, as well as for early identification and remediation, or early referral of children with discernable problems of any kind: mental, physical, or emotional.

IMPLICATIONS FOR SCHOOLS

The consultants recognize that if the schools are to fulfill their potential for facilitating the optimal social as well as academic growth and development of all their children, they will need wide community-based support. There will need to be active community involvement in program review, planning, and probably supplemental funding as well. Present practices should be reviewed to see which really serve the goals of education for living in the 21st century. For instance, it might be concluded that there should be much less emphasis on grades and groupings which label children disadvantageously. As has been

demonstrated by Rosenthal and Jacobsen (1), and ot[illegible] adverse labeling definitely influences teachers' perceptions and [illegible]ectations, just as it reinforces a child's poor image of himself and further adds to any pre-existing educational handicap.

We believe that teachers must be accorded greater status and helped to attain their fullest professional potential. Clearly, there need to be smaller classes in elementary schools and/or supplementary teacher aides, peer group tutors, or other means of enriching the interpersonal aspects of the learning experience. Learning machines may help with academics inasmuch as children, as well as laboratory animals, can be conditioned. However, education for intelligent participation in human society is not likely to be a computer commodity. Teachers need to be freed up from burdensome administrative details and freed up psychologically to be maximally sensitive to the particular needs of individual children.

Based on other observations as well as their PACE experience, the PACE consultants are concerned about the need to revitalize parent-school communication on a program level, as well as in regard to particular children. In many districts it appears that the school establishment has become isolated from their community and particularly from the community of their childrens' parents. Where the bulk of the parents are uninformed or apathetic or otherwise not actively involved, it leaves the school administration relatively susceptible to special interest groups. Perhaps the school can also serve as a locus for parent education. Whether or not there is an organized parent education program, however, schools need ongoing advice from parents about what their children need to know and what impedes acquisition of such knowledge and skills. All parents must be actively approached and urged to collaborate with schools in the education of their children. Without such feedback, formal education may, indeed, become increasingly irrelevant.

There also need to be additional kinds of professional helpers where school children are recognized as troubled or troublesome. School social workers, such as those employed in the PACE project, should be available to teachers and principals to facilitate home-school-community communication and to provide brief casework services for appropriate children. School Social Services need to be integrated into the fabric of other supportive services in such a way that there is complementarity of roles and functions. All helping services should be mandated to give high priority to young children with incipient problems and not be permitted to become bogged down with the frequent crises of older, severely disordered children. Other community agencies should be charged with primary responsibility for multi-problem families and children with severe chronic disabilities.

Mental health consultants can buttress prevention-oriented services, much as they have in the PACE demonstration project. Consultants who come from outside the system typically bring a different perspective

which helps to maintain a multi-level purview of whatever is discussed. Although often asked to consider problems of a particular child, it is usually easier for someone outside the system to simultaneously appreciate the problems of that child in his school-home-community environment. It may be easier for an outside consultant to see how established practices of problem identification, consideration, and referral sometimes impede obtaining needed services.

One such practice was noted to be an apparent policy that a child must fail kindergarten twice before he is acknowledged to have a problem of sufficient severity to justify referral for social and psychological investigation and possible assignment for special education. Another policy that appeared to have unforeseen undesirable side effects was that which authorized only school psychologists to make referrals to community agencies. In some schools this effectively curtailed referral of any but the most overtly disturbed and disturbing children. This could happen when psychologists' time was limited in relation to teacher referrals, thus requiring the principal to set up a waiting service list. Once this happened, the most troublesome children tended to be skimmed off, while those who remained quietly in distress tended to remain unhelped.

Another problem in effective referral was not unique to the school situation. All existing clinical and remedial facilities seem to be greatly burdened with already identified and accepted clients. Although lip service is paid to "reaching out" philosophies, in point of fact most agency representatives are not eager to help draw in any additional clients who do not clearly meet their entrance requirements. Nor are the referrers likely to have time to systematically follow up on any but their most critical referrals.

Although improved interagency communication can lead to more effective referrals, as well as fruitful collaboration with existing agencies, there are still notable deficits in community services. Even the excellent cooperation between school staff and juvenile probation could not obviate the need for a County protective services program. Likewise, the willingness of the local Boys' Clubs to extend their activities to meet the social needs of a number of unusually troubled children, could not mask the underlying need for more generally available mental health treatment services for children. Since such deficits seem likely to continue, perhaps the greater emphasis in this report should be on the success of PACE social workers in mobilizing whatever community resources were available to help identified children function more effectively. In addition, the PACE summer school project set a promising precedent. Schools, recreation departments, mental health centers and even police departments might well consider joining in similar creative remedial summer programming.

CONSULTANTS AS COLLABORATORS

Finally, when the PACE consultants were asked to review their own roles and functioning, they found they had become collaborators

as well as case and program consultants. As earlier noted, one had helped in project definition. All three attended monthly staff meetings and actively participated in the Asilomar workshops. Some attended interagency case conferences and others spoke to parent groups and participated in in-service training for school personnel. Throughout the course of the project they were active participants in writing, planning, group problem solving, and other quasi-administrative as well as educational activities.

Although the consultants tried to avoid direct involvement in administrative decision making, they were certainly more involved at the operational level than is the traditional consultant role. This more extensive involvement was possible because the director saw consultation as an important source of support in the implementation of this type of project.

The director foresaw, and we concur, that simple case consultation exclusively devoted to the dynamics of children and their families would have been grossly insufficient to the needs of the PACE project workers. In point of fact, casework including social diagnosis and whatever therapeutic interventions were indicated, was probably the most familiar aspect of their work. The major areas of concern were organizational at both the school and community levels. To be helpful, the consultants had to be aware of systemic problems, able to help staff identify issues and use their basic skills in a variety of other ways. The consultants, too, found they needed to be open in considering how they could best be of help in furtherance of worker and project goals. In several instances this led to active collaboration, although not to the point of diagnosing and treating children or of actually making administrative decisions.

Nevertheless, the consultants were not neutral scientific observers. From the outset they were attracted to the PACE project aims and goals. They shared the hope, which has become a conviction, that the schools do have the potential for community programming to prevent and ameliorate social as well as academic disabilities. We believe the PACE project has demonstrated some practical methods for approaching these broader social objectives.

In summary, we have been involved with the PACE project as psychiatric consultants regarding intra-psychic and interpersonal phenomena. We have also functioned as mental health consultants in relationship to organizational and community problems. In addition, we collaborated in a variety of organizational and educational ventures. It has been both stimulating and challenging. As acknowledged protagonists, we now submit that many program elements should be transposed into a larger community action program, preferably with consultants as collaborators.

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